

Exhibit 68

Cassidy Deposition

Abbey Cassidy

Pages: 40, 41, 42, 73, 87, 89, 90, 91, 93, 97, 98, 101, 102,
103, 104, 111, 112, 114, 115, 116, 117, 118, 121, 122,
123, 124, 125, 126, 127, 129, 130, 131, 132, 133, 134,
136, 137, 140, 141, 142, 143, 144, 145, 146, 147, 148,
149, 150, 152, 155, 158, 159, 160, 162, 168, 171, 172,
173

Dated: March 23, 2021

Abbey Cassidy, Psy.D.

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PENNSYLVANIA
NO. 2:19-CV-05758-JMG

CHARLES JOSEPH FREITAG, JR.,
AS ADMINISTRATOR OF THE ESTATE
OF CHARLES JOSEPH FREITAG, SR.,

Plaintiff,

vs.

BUCKS COUNTY, et al,

Defendants.

* * * *

TUESDAY, MARCH 23, 2021

* * * *

Recorded deposition of ABBEY CASSIDY, Psy.D,
taken pursuant to notice, was held via Zoom
Videoconference, at 9:00 a.m., on the above
date, before Lori A. Porto, a Certified Court
Reporter.

KAPLAN, LEAMAN & WOLFE
230 SOUTH BROAD STREET, SUITE 1303
PHILADELPHIA, PENNSYLVANIA 19102
(215) 922-7112
www.klwreporters.com

Abbey Cassidy, Psy.D.

Page 40

1 We normally had a daily briefing with
2 the warden and some of the jail staff, I do monthly
3 meetings to discuss -- it is, sort of, a huge
4 treatment team meeting with the county, probation, PD
5 office, DA, jail staff, to check on our severely
6 mentally ill inmates, and we do that as far as
7 treatment planning, if they are getting close to
8 being released, so we can get set them up in the
9 community with what they need.

10 We have weekly interdisciplinary team
11 meetings to discuss any individuals who have been on
12 a watch status for a long period of time to see, you
13 know, how we can work with them to get them towards
14 their goals more, out of their cells and into more
15 programming.

16 I have a lot of tri-quarterly meetings
17 that I go to with providers in the community.

18 I think that is, sort of, a overview.

19 Q. Now, my understanding, back in August of
20 2018, at least, is that mental health staff were in
21 the building maybe 8:00 a.m. to 5:00 p.m.

22 Does that sound right?

23 A. At that time, our hours were -- at that
24 time, our hours were 6:00 a.m., we usually had a
25 couple in by 6, but we were generally out of here by

Abbey Cassidy, Psy.D.

Page 41

1 4.

2 Q. Is that still the case?

3 A. No.

4 We've expanded our hours a little bit
5 since then, but we still come in -- we have a few
6 people coming in at 6.

7 We recently hired a psych nurse and he
8 generally stays a little bit later, until 4:30, 5:00
9 some days, and we have a counselor position now, who
10 also stays until 5:00 p.m.

11 Q. What are your hours?

12 A. My hours are typically -- I come in
13 between 6 and 6:30 and I stay until 2:30 or 3.

14 Q. Was there a specific reason for hiring
15 the psych nurse and a counselor to stay a little bit
16 later?

17 A. So, the counselor position was there, we
18 just changed her hours.

19 The psych nurse was just a new position
20 that we wanted to bring in for a while. We've been
21 trying to find one to, sort of, help out with the
22 medication list and everything.

23 We just wanted to expand our hours a
24 little bit more.

25 What we found a lot of times was, when,

Abbey Cassidy, Psy.D.

Page 42

1 you know, people do come back from court, they
2 weren't coming back in time for us to see them or we
3 would have people that were being brought in and
4 asking to be seen, so we wanted to expand the time
5 that we were in the office.

6 Q. All right.

7 So coming back from court specifically,
8 is that right?

9 A. Yes.

10 A lot of times, they weren't getting
11 back until after we were already out of the office,
12 so if there was somebody that needed to be seen, we
13 weren't able to see them.

14 Q. I will come back and ask you about that
15 in a little bit.

16 And, with that change of having people
17 available until 5 or 5:30, have you generally been
18 able to cover people who are coming back from court?

19 A. Yes.

20 Q. When was that change made?

21 A. That I don't recall.

22 We had -- I don't know exactly the
23 date, but I think when we had a counselor resign, we
24 decided, before we hired a new counselor, to change
25 the hours, so they would be here longer.

Abbey Cassidy, Psy.D.

Page 73

1 MR. FEINBERG: Let me ask a question
2 first.

3 Doctor Cassidy, I just highlighted text
4 right here.

5 Let me read it and tell me if you agree
6 with it.

7 Inmates may become suicidal at any time
8 during their incarceration. Suicidal behavior is
9 more likely in critical periods of time, including
10 commitment and the first several days thereafter,
11 court hearings, sentencing, new criminal charges, et
12 cetera.

13 Do you agree with that description
14 that's provided in this policy?

15 THE WITNESS: I do, yes.

16 BY MR. FEINBERG:

17 Q. Okay.

18 And, even though I'm showing you a
19 Bucks County policy, and, as your counsel pointed
20 out, a policy that may have been revised in August of
21 2019, the principle that I reviewed with you is a
22 principle that you certainly understood back in 2018,
23 is that correct?

24 A. Correct, yes.

25 Q. So my question -- although I mentioned

Abbey Cassidy, Psy.D.

Page 87

1 procedures that were in place as of August of '18.

2 Do you understand that?

3 A. Yes.

4 Q. All right.

5 So, if someone came back from court who
6 was on the mental health caseload, in other words,
7 someone who had been seen by mental health providers,
8 was there any procedure in place to ensure that they
9 would be seen by mental health staff?

10 A. I don't believe -- no, not if they were
11 just on our caseload.

12 Q. Were there any unique circumstances
13 where -- strike that.

14 If you wanted to see someone when they came --
15 let me ask it a different way.

16 You qualified your answer a little bit
17 as emphasizing caseload.

18 So, if I'm understanding you correctly,
19 there wasn't any kind of specific procedure in place
20 where, you know, prisoner number 1 is on mental
21 health caseload, he will be seen when he comes back.

22 Did I understand you correctly?

23 A. Correct.

24 Q. Okay.

25 Were there other circumstances where

Abbey Cassidy, Psy.D.

Page 89

1 are, number 1, an officer who runs that unit, is that
2 correct?

3 A. Correct.

4 Q. And also a case manager, is that
5 correct?

6 A. Correct.

7 Q. To my understanding, a case manager
8 essentially provides liaison services between the
9 prisoner and the community, scheduling appointments
10 and so on.

11 Is that your understanding as well?

12 A. Sort of.

13 The jail case managers are the ones
14 that are responsible for checking in with the inmates
15 on the blocks, we also have one at reception, so they
16 do initial interviews, and they do, I guess, a little
17 coordination with probation and the community.

18 Q. Well, my real question was, do the case
19 managers -- I didn't ask it this way, but let me ask
20 it now.

21 Did the case managers, to your
22 knowledge, have any mental health training?

23 A. No.

24 Q. Is it fair to say that, under the
25 previous procedure, the only way someone would be

Abbey Cassidy, Psy.D.

Page 90

1 seen by mental health is if either a correctional
2 officer or a case manager asks for it?

3 A. Correct.

4 Q. And is it also accurate to say that the
5 people who we are talking about, an officer or a case
6 manager, do not have mental health training?

7 A. Correct.

8 They receive the suicide-prevention
9 trainings, the officers.

10 They receive a suicide-prevention
11 training, but that is usually the extent.

12 Q. Got it, all right.

13 Can we agree that, notwithstanding the
14 suicide-prevention standing that you conduct, suicide
15 risk factors are to the always easy to identify for a
16 layperson or a person without mental health training?

17 A. That is correct.

18 Q. In other words, in your training, I take
19 it that you have a lot of experience, not to mention
20 reading, and evaluation of other circumstances, where
21 you can identify risk factors that a layperson might
22 not be able to?

23 A. Correct.

24 Q. Can we also agree that a suicidal person
25 does not always give a clear indication of their risk

Abbey Cassidy, Psy.D.

Page 91

1 of suicide?

2 Right?

3 A. That's correct.

4 Q. For instance, not every suicidal person
5 will say, I'm thinking of killing myself, is that
6 correct?

7 A. That is correct.

8 Q. You smiled there because that is kind of
9 obvious?

10 A. It is true.

11 Q. From a mental health clinician's
12 perspective, if someone else comes in and sees you
13 and says, no, I'm not suicidal at all, that doesn't
14 end your inquiry, you're going to look much further,
15 correct?

16 A. Correct.

17 Q. Can we agree then -- well, strike that.

18 At any point did anyone from PrimeCare, either
19 corporate or anyone in the mental health unit at
20 Bucks County, ever raise any concerns about the fact
21 that correctional staff were being left with the
22 responsibility to seek out mental healthcare for
23 people coming back from court?

24 A. Not to my knowledge.

25 Q. Did anyone ever say -- when I say -- let

Abbey Cassidy, Psy.D.

Page 93

1 testimony that, at some point since August of 2018,
2 you shifted the schedule of mental health clinicians,
3 so that there is someone in the facility until 5 or
4 5:30.

5 Did I understand you correctly?

6 A. Until 5:00, yes.

7 Q. In my note, I also wrote that someone --
8 that one of the benefits of doing that is that a
9 mental health clinician will be available when
10 prisoners who have gone out to court return from
11 court.

12 Did I understand you correctly?

13 A. Yes.

14 Q. Is it your understanding that, unless
15 there is some unusual circumstance, prisoners are
16 back from court before 5 p.m.?

17 A. Usually, yes.

18 Q. Okay.

19 What was -- more directly, was the
20 motivation in shifting that schedule to make mental
21 health clinicians available for people coming back
22 from court?

23 A. I believe so.

24 Q. I don't want to hold you to the decision
25 if it wasn't yours.

Abbey Cassidy, Psy.D.

Page 97

1 Before I do that, let me make sure I'm
2 understanding correctly.

3 Prior to this change being made, do I
4 understand correctly that, when people came back from
5 court, the only way they would have a mental health
6 assessment is if either the officer in reception or
7 the case manager in reception asked for it?

8 A. Yes.

9 I believe there were also occasions --
10 I don't think so in this case. But, I believe, if
11 somebody was back, the jail gets made aware of it,
12 but I don't know who gets those records or how all
13 that works, but, I believe that, if it's like a state
14 sentence, that goes up to the assistant warden,
15 deputy warden, and all of that.

16 So, if there were cases in the past,
17 where one of them would contact our department and
18 say, hey, so-and-so is coming back from court, we
19 might want to check-in with them.

20 If they come back and they seemed super
21 upset, they would be referred to a case manager from
22 reception.

23 Q. We know in this case that Deputy Warden
24 Mitchell, Clifton Mitchell -- can I assume you know
25 Deputy Warden Mitchell?

Abbey Cassidy, Psy.D.

Page 98

1 A. Yes.

2 Q. He is no longer at the facility?

3 A. Correct.

4 Q. My understanding is that Deputy Warden
5 Mitchell started an e-mail chain about placing
6 Mr. Freitag on a level 3 status after his return from
7 sentencing.

8 Were you aware of that at any point?

9 A. Yes, I believe I was made aware of that.

10 Q. Okay.

11 So if that is the case -- let me ask
12 you this.

13 To your understanding, did Deputy
14 Warden Mitchell have any mental health training?

15 A. Not to my knowledge.

16 Q. Can we assume, if there was a decision
17 about what level precaution to place a person on made
18 by the Deputy Warden, that is not made by somebody
19 with mental health training?

20 Is that correct?

21 A. Correct.

22 Q. Do you remember discussing or having any
23 concerns about the fact that, in that situation, the
24 correctional officer or supervisor without mental
25 health training was making a decision that could have

Abbey Cassidy, Psy.D.

Page 101

1 in state prison.

2 I take it you are aware of that.

3 A. Correct.

4 Q. Let's change the year.

5 Let's say Mr. Freitag's incident
6 occurred in 2021.

7 He was in the prison for two
8 and-a-half, three months, had been on your caseload,
9 clinicians working under your supervision had seen
10 him a dozen times.

11 He goes out to court, comes back, he
12 receives that sentence.

13 What would happen if that happened
14 today?

15 MS. MINEHAN: Object to the form.

16 It is a hypothetical question that you
17 are posing here, so all the facts in the case can't
18 be accounted for, but, if you can give a general
19 answer in response to his hypothetical, that is fine.

20 THE WITNESS: If it was today and he
21 received that state sentence, he would be placed on a
22 minimum of level 2 suicide watch.

23 I can't say for sure if the jail would
24 contact us when he was on his way back or not.

25 He is someone who we had been, from

Abbey Cassidy, Psy.D.

Page 102

1 reviewing the depositions, tasked with seeing him
2 upon return from court, we were tasked to see him on
3 Monday.

4 So, if it was somebody like that and he
5 got back early enough, we would try to see him that
6 day.

7 BY MR. FEINBERG:

8 Q. I will show you the records in just a
9 little bit.

10 It looks like mental health staff knew
11 for weeks or months that his sentencing was going to
12 occur on Friday, the 24th of August, and the
13 appointment was scheduled for Monday, the 27th, so
14 there's about a three-day gap.

15 Would you agree based on your review of
16 the documents?

17 A. Correct.

18 Q. Do I understand you correctly that
19 today, given that he was someone that had been seen
20 repeatedly by mental health staff, someone determined
21 that there was a need to see him for a court
22 follow-up, then that would happen when he got back
23 from court currently?

24 Correct?

25 A. Correct, provided he was back before 5.

Abbey Cassidy, Psy.D.

Page 103

1 Q. There are two assumptions built in
2 there.

3 It sounds like, from your previous
4 testimony, the way it works these days, most people
5 are back from court by 5:00 p.m.?

6 A. Correct.

7 Q. That is outside the pandemic equation
8 and I think the record showed Mr. Freitag got back to
9 the facility sometime around 4:00 p.m.

10 Is that consistent with the usual
11 practice to your understanding?

12 MS. MINEHAN: What practice?

13 Can you rephrase it?

14 MR. FEINBERG: That was a bad question,
15 I will acknowledge that.

16 If he got back to the prison around
17 4:00 p.m., is that consistent with how things
18 typically happened with people coming back from
19 court?

20 MS. MINEHAN: As far as the time?

21 MR. FEINBERG: Yes.

22 THE WITNESS: Yes, they usually got
23 back later in the afternoon.

24 BY MR. FEINBERG:

25 Q. So, if today is March 23rd, 2021,

Abbey Cassidy, Psy.D.

Page 104

1 barring a pandemic, he goes into court, he comes
2 back, he's someone that there has been a
3 determination that he should be seen after court,
4 someone is going to come see him right after he gets
5 back from court, is that correct?

6 A. Yes.

7 MS. MINEHAN: Objection to the
8 hypothetical, but go ahead.

9 BY MR. FEINBERG:

10 Q. Where do the evaluations -- can I call
11 them post-court evaluations?

12 Would that be an accurate summary?

13 A. Yes.

14 Q. Where did the post-court evaluations
15 take place?

16 Did they take place in the reception
17 area or is the person brought to the mental health
18 unit?

19 A. Generally, we would go up to the
20 reception area.

21 They do have a couple of interview
22 rooms up there that they allow us to use in cases
23 like that.

24 Q. So you could have a private setting
25 there, is that correct?

Abbey Cassidy, Psy.D.

Page 101

1 in state prison.

2 I take it you are aware of that.

3 A. Correct.

4 Q. Let's change the year.

5 Let's say Mr. Freitag's incident
6 occurred in 2021.

7 He was in the prison for two
8 and-a-half, three months, had been on your caseload,
9 clinicians working under your supervision had seen
10 him a dozen times.

11 He goes out to court, comes back, he
12 receives that sentence.

13 What would happen if that happened
14 today?

15 MS. MINEHAN: Object to the form.

16 It is a hypothetical question that you
17 are posing here, so all the facts in the case can't
18 be accounted for, but, if you can give a general
19 answer in response to his hypothetical, that is fine.

20 THE WITNESS: If it was today and he
21 received that state sentence, he would be placed on a
22 minimum of level 2 suicide watch.

23 I can't say for sure if the jail would
24 contact us when he was on his way back or not.

25 He is someone who we had been, from

Abbey Cassidy, Psy.D.

Page 102

1 reviewing the depositions, tasked with seeing him
2 upon return from court, we were tasked to see him on
3 Monday.

4 So, if it was somebody like that and he
5 got back early enough, we would try to see him that
6 day.

7 BY MR. FEINBERG:

8 Q. I will show you the records in just a
9 little bit.

10 It looks like mental health staff knew
11 for weeks or months that his sentencing was going to
12 occur on Friday, the 24th of August, and the
13 appointment was scheduled for Monday, the 27th, so
14 there's about a three-day gap.

15 Would you agree based on your review of
16 the documents?

17 A. Correct.

18 Q. Do I understand you correctly that
19 today, given that he was someone that had been seen
20 repeatedly by mental health staff, someone determined
21 that there was a need to see him for a court
22 follow-up, then that would happen when he got back
23 from court currently?

24 Correct?

25 A. Correct, provided he was back before 5.

Abbey Cassidy, Psy.D.

Page 103

1 Q. There are two assumptions built in
2 there.

3 It sounds like, from your previous
4 testimony, the way it works these days, most people
5 are back from court by 5:00 p.m.?

6 A. Correct.

7 Q. That is outside the pandemic equation
8 and I think the record showed Mr. Freitag got back to
9 the facility sometime around 4:00 p.m.

10 Is that consistent with the usual
11 practice to your understanding?

12 MS. MINEHAN: What practice?

13 Can you rephrase it?

14 MR. FEINBERG: That was a bad question,
15 I will acknowledge that.

16 If he got back to the prison around
17 4:00 p.m., is that consistent with how things
18 typically happened with people coming back from
19 court?

20 MS. MINEHAN: As far as the time?

21 MR. FEINBERG: Yes.

22 THE WITNESS: Yes, they usually got
23 back later in the afternoon.

24 BY MR. FEINBERG:

25 Q. So, if today is March 23rd, 2021,

Abbey Cassidy, Psy.D.

Page 104

1 barring a pandemic, he goes into court, he comes
2 back, he's someone that there has been a
3 determination that he should be seen after court,
4 someone is going to come see him right after he gets
5 back from court, is that correct?

6 A. Yes.

7 MS. MINEHAN: Objection to the
8 hypothetical, but go ahead.

9 BY MR. FEINBERG:

10 Q. Where do the evaluations -- can I call
11 them post-court evaluations?

12 Would that be an accurate summary?

13 A. Yes.

14 Q. Where did the post-court evaluations
15 take place?

16 Did they take place in the reception
17 area or is the person brought to the mental health
18 unit?

19 A. Generally, we would go up to the
20 reception area.

21 They do have a couple of interview
22 rooms up there that they allow us to use in cases
23 like that.

24 Q. So you could have a private setting
25 there, is that correct?

Abbey Cassidy, Psy.D.

Page 111

1 Actually, I will take the highlight off
2 because that might make it hard to read.

3 I would ask you to read that note to
4 yourself, doctor, and let me know what you are
5 finished.

6 A. Okay.

7 Q. So the note references Mr. Freitag
8 having recent suicide attempts, being placed on level
9 2, and so on.

10 My reason for showing you this is to
11 ask you whether, on or around June 4th of 2018, which
12 was Mr. Freitag's admission to the facility, do you
13 remember learning about him, hearing anything about
14 him, any of his conditions, anything like that?

15 A. Yes, I would have.

16 Anybody who comes into this place on a
17 level 1 or level 2, I look up their situation, to see
18 what is going on, what with we need to look out for.

19 MS. MINEHAN: Doctor, just make sure
20 you listen to his question.

21 He asked about your recollection.

22 THE WITNESS: Okay, I'm sorry.

23 BY MR. FEINBERG:

24 Q. Let me ask you a slightly different
25 question.

Abbey Cassidy, Psy.D.

Page 112

1 Mr. Freitag's arrest was, I think, fair
2 to say, a high-profile event.

3 Were you aware, either from reading in
4 the news or hearing things at the prison, about what
5 happened that led to his incarceration?

6 A. Yes.

7 At the time of the incident, I did see
8 the article on what had happened.

9 Q. Do you remember hearing that his arrest
10 was in connection with a suicide attempt, that he cut
11 his arms and then drove through his ex-wife's house?

12 A. I don't recall hearing it verbally, but
13 I read about it.

14 Q. When you read about it at that time and
15 then he was admitted to the facility in June of 2018
16 and you learned about his admission, did you connect
17 your previous knowledge of him and his admission?

18 A. Yes.

19 Q. Okay.

20 In other words, when he came into the
21 facility, it sounds like you said to yourself, oh, I
22 remember this case, so you were aware, not just from
23 the records, but you were aware from what you saw on
24 the news, is that correct?

25 A. That is correct.

Abbey Cassidy, Psy.D.

Page 114

1 licensing situation?

2 A. I would have reviewed the documentation,
3 yes.

4 Q. Okay.

5 So my question is -- strike that.

6 For more background, what the records show us
7 is that Mr. Freitag was admitted to the facility on
8 June 4th because he was found guilty by a jury at his
9 trial and, at that point, the judge revoked his bail,
10 which resulted in his admission, and then, for the
11 two and-a-half or three months that followed, he was
12 incarcerated while awaiting his sentencing in late
13 August.

14 Does that sound correct to you, doctor?

15 A. Yes.

16 Q. Okay.

17 And it sounds like you are familiar --
18 you were aware that Mr. Freitag was anxious about his
19 sentencing and that was the topic of much discussion
20 with the clinicians working under your supervision,
21 is that correct?

22 A. Correct.

23 Q. So, here, on June 5th, when Ms. Mahoney
24 conducted the suicide risk assessment, there was an
25 identification of new legal issues, is that correct?

Abbey Cassidy, Psy.D.

Page 115

1 A. Correct.

2 Q. So my question to you is -- well, I'll
3 represent to you that there are no suicide risk
4 assessments that I see at any point after June 6th of
5 2018, at least in terms of this instrument that we've
6 been reviewing.

7 Is there any reason why there would not
8 have been a suicide risk assessment conducted in
9 connection with his sentencing given that there is
10 this box to check for someone who is newly sentenced?

11 MS. MINEHAN: Other than what she's
12 already testified to today?

13 MR. FEINBERG: Yes.

14 THE WITNESS: I'm not sure I understand
15 the question.

16 We didn't see him after he was
17 sentenced.

18 MR. FEINBERG: And that's -- well,
19 obviously, he killed himself before he was seen,
20 correct?

21 THE WITNESS: Right.

22 BY MR. FEINBERG:

23 Q. Had Mr. Freitag been seen under the new
24 arrangement that you have now, with a clinician
25 available, would you expect that person to conduct

Abbey Cassidy, Psy.D.

Page 116

1 the suicide risk assessment that we're looking at
2 right now?

3 MS. MINEHAN: Same objection,
4 hypothetical, but you can answer.

5 THE WITNESS: Yes, it would be -- per
6 our policy, yes, I would expect it to be done.

7 BY MR. FEINBERG:

8 Q. Okay, all right.

9 In fact, let me add that -- I
10 understand counsel objected and I'm asking a
11 hypothetical, but, if Mr. Freitag got sentenced
12 today, March 23rd, 2021, came back to the facility,
13 he's on the mental health caseload, a clinician would
14 go see him and conduct one of these suicide risk
15 assessments on this long form, is that correct?

16 MS. MINEHAN: Objection to the form.

17 I thought she said if needed.

18 MR. FEINBERG: Well, that is my
19 question.

20 Is that what you would expect,
21 Doctor Cassidy?

22 THE WITNESS: If needed.

23 We don't see everybody that is
24 receiving a sentence when they come back.

25 BY MR. FEINBERG:

Abbey Cassidy, Psy.D.

Page 117

1 Q. Well, I think you told me that, under
2 the terms of the hypothetical that I outlined --
3 Mr. Freitag is someone who had been seen more than a
4 dozen times by clinicians working under your
5 supervision, right?

6 A. Yes.

7 Q. Someone who had expressed significant
8 anxiety over his sentencing, is that right?

9 A. From what I understand, yes.

10 Q. In those circumstances, you would expect
11 a clinician to go see him, correct?

12 MS. MINEHAN: Objection to the form.

13 Again, it's a hypothetical, you're not
14 including all the signs and symptoms, and this person
15 is not someone that provided clinical care to
16 Mr. Freitag.

17 MR. FEINBERG: You can answer the
18 question, Doctor Cassidy.

19 THE WITNESS: Okay.

20 So, yes, hypothetically, I would expect
21 them to be seen.

22 BY MR. FEINBERG:

23 Q. And, in connection with that, to button
24 this up, you would expect them to conduct this
25 suicide risk assessment using the form that we

Abbey Cassidy, Psy.D.

Page 118

1 discussed, is that correct?

2 A. Correct.

3 Q. Let's go to the next document.

4 I'm going to page 184.

5 Well, let me ask you, Doctor Cassidy --
6 the reason I'm at this page is to show you that there
7 were only two suicide risk assessments on
8 Mr. Freitag, one on June 5th, conducted by Jessica
9 Mahoney, which we were just reviewing, and another
10 that looks like it was started on June 6th with Avia
11 James.

12 Do you see that?

13 A. Yes.

14 Q. I'll just go to the end of this section.

15 The last entry for a suicide risk
16 assessment is in the middle of page 189 and that is
17 on June 6th.

18 Can we agree there were no further
19 suicide risk assessments conducted on this long form
20 on Mr. Freitag?

21 A. Yes.

22 Q. Let's go back to an earlier page.

23 This is an entry entered by, bear with
24 me a second, bottom of page 114, June 6th, with Avia
25 James -- let's do this.

Abbey Cassidy, Psy.D.

Page 121

1 A. That is correct.

2 Q. You would have expected her to have done
3 that, is that correct?

4 A. Yes.

5 Q. And there is no notation as to whether
6 it was done, is that correct?

7 A. Not that I'm aware of.

8 Q. Okay.

9 You haven't seen anything, is that
10 right?

11 A. Correct.

12 Q. Okay.

13 I want to go back up to the top of this
14 page and I want to show you a note entered by
15 Ms. Penge on June 11th.

16 We're at the bottom of page 113.

17 Bear with me for one second, please.

18 I want to highlight one phrase here.

19 If you need to read the rest of the
20 note to answer my question, please take the time to
21 do it.

22 Ms. Penge made a finding on June 11th
23 of 2018 that Mr. Freitag had limited insight and
24 judgment.

25 Do you see that?

Abbey Cassidy, Psy.D.

Page 122

1 A. Yes.

2 Q. I questioned Ms. Penge on that
3 assessment in her deposition testimony.

4 Did you read that portion of the
5 deposition in which I asked her about those
6 assessments?

7 A. I did.

8 Q. And my understanding or my recollection
9 is that Ms. Penge made that finding on five separate
10 occasions between June 11th of 2018 and mid-August of
11 2018.

12 Does that sound right to you based on
13 what you've reviewed recently?

14 A. I believe so, yes.

15 Q. Do you remember Ms. Penge ever coming
16 and speaking to you about concerns about
17 Mr. Freitag's insight and judgment?

18 A. I don't recall.

19 Q. Okay.

20 When you hear an assessment that
21 someone has limited insight and judgment, does that
22 raise any concerns to you about risk of suicide?

23 A. Risk of suicide, no.

24 Q. Does it raise any concerns with you
25 about mental health status?

Abbey Cassidy, Psy.D.

Page 123

1 A. Possibly.

2 Q. Can you just give me -- and I understand
3 I'm asking you in a limited context, but, just a
4 standard situation, a clinician says, this person has
5 limited insight and judgment, where does your head go
6 in terms of your clinical evaluation?

7 A. Sorry, I didn't hear the end of that.

8 Q. That's good, because it wasn't a good
9 question, so let me try a different one.

10 When you hear someone making an
11 assessment that a person has limited insight and
12 judgment, what is your thought process about the
13 person's possible mental health condition?

14 A. If that's something I saw, whether
15 someone was coming to me with it or writing it, I
16 would absolutely want more information.

17 The population that we work with, I
18 would say the majority of them have limited insight
19 and judgment, and that doesn't put them at risk for
20 suicide, so I would need to look for additional
21 factors there that we would need to be concerned
22 about.

23 Q. Let me show you one other note.

24 This is a note by Jessica Mahoney from
25 June 15th of 2018.

Abbey Cassidy, Psy.D.

Page 124

1 This one splits the page again, so
2 let's do what we did before.

3 Please read the bottom of 111 and, when
4 you are done, I will flip to the next page.

5 A. Okay.

6 Q. I'm on page 112 now.

7 A. Okay.

8 Q. Did you see the reference to the fact
9 that Mr. Freitag discussed wanting mental health to
10 follow-up after he goes to court in August?

11 A. Yes.

12 Q. All right.

13 Now, with Ms. Mahoney conducting this
14 evaluation, can we assume you would have reviewed
15 this note?

16 A. Yes.

17 Q. Do you remember having any discussions
18 with Ms. Mahoney about the need for follow-up with
19 Mr. Freitag after he went to court in August?

20 A. I don't recall having any conversations.

21 Q. Can we agree that, given Mr. Freitag's
22 indication here that he wanted to see mental health
23 after court and that he had two prior attempts for
24 suicide and that he was in custody because of a
25 suicide attempt, his arrest was connected to a

Abbey Cassidy, Psy.D.

Page 125

1 suicide attempt, that his sentencing presented a risk
2 factor for suicide?

3 MS. MINEHAN: Objection to the form.

4 You're asking her to speculate about
5 what he was thinking when he disclosed this to
6 Mahoney.

7 You can answer, if you understand.

8 MR. FEINBERG: Let me clarify, Doctor
9 Cassidy.

10 I'm asking the question based on your
11 vast clinical experience.

12 You knew three things, right?

13 You knew Mr. Freitag had two suicide
14 attempts, that's number 1, number 2, you knew he
15 tried to kill himself by driving through his
16 ex-wife's house, which lead to his arrest and his
17 conviction and incarceration, and, number 3, you knew
18 that Mr. Freitag expressed seeing mental health after
19 he went to court in August.

20 When I say you, I mean you
21 collectively, the mental health unit, was aware of
22 all those facts at this point on June 15th of 2018,
23 correct?

24 MS. MINEHAN: Objection.

25 You are cherry-picking facts from the

Abbey Cassidy, Psy.D.

Page 126

1 record and ignoring the mitigating factors as well,
2 but I'm not directing her not to answer the question.

3 I want it to be clear that you are
4 posing hypotheticals with limited facts based upon
5 the record and also questioning someone who did not
6 provide any clinical care to this patient.

7 BY MR. FEINBERG:

8 Q. Doctor, do you agree with my assessment?

9 A. Yes.

10 Q. Okay.

11 And, because his sentencing posed a
12 risk factor, you would expect that the mental health
13 clinicians working under your supervision would
14 address that, is that correct?

15 A. Correct.

16 Q. I want to show you, in terms of
17 scheduling, what Ms. Mahoney did.

18 I am going to page 141.

19 We can see here that there's an
20 appointment scheduled for 8-27-18.

21 Do you see that?

22 A. Yes.

23 Q. And it looks like it was scheduled by
24 Jessica Mahoney on June 15th of 2018.

25 Is that correct?

Abbey Cassidy, Psy.D.

Page 127

1 A. Yes.

2 Q. And, based on what we were just
3 reviewing, can we draw the conclusion that
4 Ms. Mahoney scheduled that appointment following her
5 encounter with Mr. Freitag on June 15th?

6 A. Yes.

7 Q. And, in fact, we know here that this
8 appointment was scheduled at staff request, mental
9 health follow-up after trial, is that right?

10 A. Yes.

11 Q. So, when we look at this, we know that
12 his sentencing was on August 24th, which was a
13 Friday, and the appointment was scheduled for
14 August 27th, which was a Monday, is that right?

15 A. Yes.

16 Q. And, based on our previous discussion
17 about the fact that typically there was no staff
18 available after return from court in the late
19 afternoon, this was the first available appointment
20 for Mr. Freitag to be seen after his sentencing, is
21 that right?

22 A. It would have been, yes.

23 Q. Okay.

24 Do you recall -- whether it happened on
25 June 15th with Ms. Mahoney or any time after, do you

Abbey Cassidy, Psy.D.

Page 129

1 BY MR. FEINBERG:

2 Q. Did anyone after-the-fact, after
3 Mr. Freitag died in August, did anyone ever say, you
4 know, we should have seen him when he came back from
5 court on Friday, the 24th, or I wish he was seen on
6 Friday, the 24th?

7 A. Do we wish we saw him when we got back,
8 if we would have been there, I can say for myself,
9 yes.

10 I don't recall if anyone talked with me
11 about that after-the-fact.

12 Q. All right.

13 So, you gave two answers, one is,
14 sitting here in March of 2021, you do think that, but
15 you don't remember anyone saying that back in that
16 time period, is that right?

17 A. Correct.

18 Q. This might be an obvious question, but
19 why is it, sitting here today you say, I wish we did
20 see him when he came back from court on Friday, the
21 24th?

22 A. I probably thought that at the time as
23 well.

24 I don't recall anyone saying it to me
25 at the time, but, from my own perspective, I'm sure

Abbey Cassidy, Psy.D.

Page 130

1 that's something that went through my mind at the
2 time, you know, I wish he would have gotten back
3 before we left.

4 Q. Can I assume that you thought that
5 because you believed that a mental health evaluation
6 would have allowed you to assess his suicide risk?

7 Is that right?

8 A. It would have.

9 I can't speculate and say I'm a hundred
10 percent sure it would have prevented what happened,
11 but it would have given us a chance to do a more
12 thorough assessment at the time.

13 Q. Can we agree that, if Mr. Freitag was
14 placed on constant watch when he returned from court,
15 it would have been difficult for him to kill himself
16 in the manner in which he killed himself?

17 MS. MINEHAN: Objection to the form.

18 Again, you're giving her a series of
19 hypotheticals.

20 She's not here as an expert and you are
21 asking her to speculate about what may or may not
22 have happened, so you're treating her as an expert
23 and you're presenting her with hypotheticals and I
24 don't think that's appropriate.

25 BY MR. FEINBERG:

Abbey Cassidy, Psy.D.

Page 131

1 Q. Doctor Cassidy, have you ever seen or
2 heard of a single incident in the course of your
3 career where a person has killed themselves while on
4 a constant watch status?

5 A. I have not.

6 Q. So would you agree that it would be very
7 difficult to imagine a situation where someone on
8 constant watch status would be able to kill
9 themselves?

10 A. I would agree.

11 Q. Would you agree that it would be very
12 difficult for someone to kill themselves at Bucks
13 County Correctional Facility if they were on level 1
14 status?

15 A. I would agree that it would be more
16 difficult, yes.

17 Q. Would you agree that, while level 2
18 allows the person more freedom, it would be hard for
19 someone to kill themselves while they are on level 2
20 status?

21 A. It would be more difficult, yes.

22 Q. And, in fact, that is why you have a
23 policy in place now that places people on level 2
24 status when they come back from court and receive a
25 state sentence, is that correct?

Abbey Cassidy, Psy.D.

Page 132

1 A. To my understanding, yes.

2 Q. Okay.

3 So, going back to August of 2018 and
4 the thought process that you had after Mr. Freitag's
5 death, it sounds like what was going through your
6 head was a thought process about what could have been
7 done to prevent Mr. Freitag's death.

8 Is that correct?

9 A. That is correct.

10 That is something that goes through my
11 head any time, you know, with the foresight that we
12 have, that is something that is normal for a
13 psychologist, when there is a suicide, to look at it
14 and say, is there something that could have been done
15 differently.

16 Q. And, it sounds like, in your head, at
17 that time, number one, you were thinking it would
18 have been nice if we could have evaluated Mr. Freitag
19 when he came back from court.

20 Correct?

21 A. Correct.

22 Q. And you were also thinking it would have
23 been nice if we could have put him on a level of
24 precaution which could have prevented him or made it
25 more difficult for him to harm himself after he came

Abbey Cassidy, Psy.D.

Page 133

1 back from court, is that correct?

2 MS. MINEHAN: Same objection as before.

3 You are asking her to testify as an
4 expert witness in this case based upon a
5 hypothetical.

6 MR. FEINBERG: You can answer, Doctor
7 Cassidy.

8 MS. MINEHAN: You can ask her what she
9 generally was thinking about at the time.

10 MR. FEINBERG: Lori, would you read
11 back the question, please?

12 (DESIGNATED QUESTION IS READ)

13 BY MR. FEINBERG:

14 Q. Doctor Cassidy, you heard the question
15 that I asked before.

16 Was that your thought process?

17 A. I don't know that it was my thought
18 process that if we had put him on -- I mean, yes, if
19 he had been placed on a level 2, it would have made
20 it more difficult for him to harm himself.

21 My thought process was, you know, I
22 wish we could have been there maybe to assess him.

23 I'm not saying if we assessed him and
24 he had the risk factors, but also had the protective
25 factors, which he did have at the time, there's a

Abbey Cassidy, Psy.D.

Page 134

1 chance that we might not have placed him on a level
2 2.

3 I can't say that for sure.

4 BY MR. FEINBERG:

5 Q. So, the bottom line is, you don't know
6 because there was no assessment conducted, is that
7 correct?

8 A. Correct.

9 Q. And there was no assessment conducted
10 because PrimeCare practice at that point did not
11 allow for an assessment to be conducted upon a return
12 from court, is that right?

13 MS. MINEHAN: Objection to the form.
14 Go ahead.

15 THE WITNESS: It could have been
16 conducted if we were in the facility.

17 BY MR. FEINBERG:

18 Q. It sounds like, in a theoretical sense,
19 it could have been conducted, but in practical
20 reality, it didn't happen that way, because there was
21 no one available when people came back from court.

22 Correct?

23 A. Correct.

24 Q. By the way, we've been going for a
25 little while, and this is taking a little longer than

Abbey Cassidy, Psy.D.

Page 135

1 I expected.

2 Do you need a break now?

3 A. I'm okay.

4 Q. Okay.

5 Let's do this.

6 We're going to come to a good
7 transition point in a little bit, so let's go for
8 another ten minutes or so.

9 MS. MINEHAN: Jon, how much longer do
10 you have?

11 MR. FEINBERG: Lori, this is off the
12 record.

13 (OFF-THE-RECORD DISCUSSION)

14 BY MR. FEINBERG:

15 Q. Doctor Cassidy, I'm at page 110.

16 Do you see a note here from July 31st
17 prepared by Avia James?

18 A. (Indicating).

19 Q. Is that a yes?

20 A. Yes.

21 Q. Okay.

22 Do me a favor and read that to yourself
23 and let me know when you are finished.

24 A. Okay.

25 Q. So, we see the reference at the top of

Abbey Cassidy, Psy.D.

Page 136

1 this, which says, please check-in today, 7/31, at the
2 request of Deputy Warden Mitchell.

3 Is that something you wrote?

4 A. Yes, that would have been me.

5 Q. Okay.

6 So this goes back to the note we looked
7 at at the very beginning of the deposition.

8 You created this entry and Ms. James is
9 the one that conducted the evaluation, is that right?

10 A. Correct.

11 Q. Do you remember speaking -- since Deputy
12 Warden Mitchell is on here, do you remember speaking
13 to Deputy Warden Mitchell about Mr. Freitag leading
14 up to the inquiry that you sent out to the
15 clinicians?

16 A. I don't recall speaking to him.

17 Q. I'll represent to you that my
18 understanding is the reason Deputy Warden Mitchell
19 reached out to you is that Mr. Freitag's lawyer, a
20 man named Paul Lang, L-a-n-g, called the facility
21 based on concerns that had been communicated to him
22 by the family.

23 I acknowledge, I'm just telling you
24 that.

25 Does that refresh your recollection

Abbey Cassidy, Psy.D.

Page 137

1 about learning any of those facts?

2 A. It does.

3 Again, I don't remember exactly
4 speaking to Deputy Warden Mitchell, so I can't say I
5 remember it, but it makes sense.

6 Q. Okay.

7 The bottom line is, you got some
8 indication that there was a reason to be concerned
9 about Mr. Freitag, Deputy Warden Mitchell
10 communicated that to you, you then asked your
11 clinicians to go see him, is that correct?

12 A. Correct.

13 Q. And, I take it, when you put that task
14 out there, whoever shows up for work that day will
15 see that task on the list, and then go call
16 Mr. Freitag down.

17 Is that correct?

18 A. That's correct.

19 Q. Do you remember speaking with Ms. James
20 after this encounter about what she learned from
21 Mr. Freitag?

22 A. I don't recall.

23 Q. Would that have been part of your
24 standard practice, to go speak to her after the
25 encounter?

Abbey Cassidy, Psy.D.

Page 140

1 Q. I am going to switch documents.

2 I am going to show you now something
3 that occurred on August 1st.

4 This is the e-mail we reviewed earlier.
5 It's been marked as Exhibit 24.

6 We were just reviewing the note from
7 Ms. James on July 31st and now we are switching over
8 to your e-mail from August 1st.

9 A. Yes.

10 Q. Can you explain to me what the origin of
11 this e-mail was, why you sent it to the staff?

12 A. So this would have been the day after
13 she saw him, it looks like, and she placed him on a
14 level 3 as a precaution.

15 Q. Take the time to read this e-mail before
16 I ask you questions about it.

17 A. So I believe I probably had a
18 conversation with Deputy Warden Mitchell, I honestly
19 don't recall, and, if it was a verbal conversation, I
20 wouldn't have documented it.

21 It looks like this was the day after he
22 was seen, so, while I don't recall, I would have
23 updated Deputy Warden Mitchell generally on the
24 circumstances.

25 If he requested somebody to be seen, he

Abbey Cassidy, Psy.D.

Page 141

1 would have asked me to follow-up with him afterwards.

2 So, although I don't remember it, most
3 likely, we had a conversation saying, let's keep him
4 on level 3, we'll check-in with him, you know, at
5 least a level 3, and then go from there.

6 Q. Now, when -- I think you said that if
7 you -- let me make sure I heard you correctly.

8 You said if you did have a verbal
9 conversation with him, you would have documented it
10 or you would not have documented it?

11 A. I would not have documented it.

12 Q. I think you told me before, when you
13 searched your e-mails concerning Mr. Freitag, you
14 didn't see any other e-mails besides this one dated
15 August 1st.

16 Correct?

17 A. Correct.

18 Q. By the way, let's confirm who the
19 recipients are.

20 We already discussed Avia James,
21 Christina Penge, Stephan Brautigam, and Jessica
22 Mahoney.

23 A. Uh-huh.

24 Q. Who is Jennifer Betz?

25 A. Our case manager at the time.

Abbey Cassidy, Psy.D.

Page 142

1 Q. Did she have a clinical role?

2 A. She was bachelor level, so, no, no.

3 Q. Is Jessica Heron, H-e-r-o-n?

4 A. She was our other case manager at the
5 time, mental health case manager, so, again, no
6 clinical.

7 Q. So, the people on this distribution,
8 which I'm highlighting here, did that comprise the
9 entire mental health staff as of August 1st?

10 A. There's also my administrative
11 assistant, but I don't believe he was involved with
12 Mr. Freitag, so I didn't put him on this, but that's
13 the rest of my department at the time.

14 Q. All right.

15 So, piecing this together, can you tell
16 me why you sent this e-mail?

17 A. I just wanted my staff to all be on the
18 same page.

19 Typically, if we have a situation like
20 that, I like them to be aware, so that we can all,
21 sort of, keep an eye on him.

22 Q. In other words, this sentence that I'm
23 highlighting here -- well, first of all, would you
24 agree that what you were doing here was highlighting
25 the risk factors that gave mental health clinicians a

Abbey Cassidy, Psy.D.

Page 143

1 reason to be concerned about Mr. Freitag's risk of
2 suicide?

3 A. Yes.

4 Those would be the risk factors that we
5 were aware of.

6 Q. In fact, the text I highlighted, he was
7 older, serious charge, sentencing coming up, history
8 of suicide attempts, including a recent one in
9 September, did I summarize that correctly?

10 A. Yes.

11 Q. In fact, the last sentence or the last
12 phrase of your e-mail, since he strikes several of
13 the increased risk factors, that's just summarizing
14 what you said earlier in the e-mail, is that correct?

15 A. Yes.

16 Q. When you say level 3 appears appropriate
17 for now, it sounds like, am I assuming correctly,
18 that you agreed with Ms. James' decision to place him
19 on level 3 status?

20 A. Yes.

21 Q. When you say we need to keep a close eye
22 on him, was that you advising the clinical staff that
23 they should, maybe I'm stating the obvious, that you
24 wanted people to keep watch for him, is that correct?

25 A. Yes, that's correct.

Abbey Cassidy, Psy.D.

Page 144

1 Q. When you said here at the beginning of
2 the e-mail that he should be on level 3 for at least
3 a few weeks, can you define what a few weeks meant?

4 A. I mean, this was August 1st and his
5 sentencing was August 24th, so I guess that could be
6 interpreted differently by people, but I would
7 interpret it as or I meant, you know, he needs to
8 stay on level 3 until sentencing.

9 Q. Okay.

10 Did any -- strike that.

11 Just to confirm this, your expectation,
12 that you believe you were communicating in this
13 e-mail, is he should be on level 3 up through the
14 time of his sentencing, is that correct?

15 A. Yes.

16 Q. Would you expect, based on this e-mail
17 that you sent, that, if any of the clinical providers
18 working under your supervision decided to remove him
19 from level 3, they would come talk to you about it?

20 A. Given that, yes.

21 Q. Do you remember having any conversations
22 with anyone about Mr. Freitag's care after you sent
23 this e-mail on August 1st?

24 A. I do not recall.

25 Q. Can you expect or would you expect that,

Abbey Cassidy, Psy.D.

Page 145

1 if you did have a conversation with anyone about
2 Mr. Freitag's status after this e-mail, especially in
3 light of the content of the e-mail communicating
4 concerns about him, that you would have documented
5 it?

6 A. Yes.

7 Q. So, just to confirm, you don't remember
8 and don't have any record of anyone coming back to
9 check with you about Mr. Freitag's situation
10 following August 1st, is that correct?

11 A. Correct, I don't recall.

12 Q. You don't remember and don't have any
13 documentation of anyone coming back to talk with you
14 about removing him from level 3, is that correct?

15 A. That is correct, yes.

16 Q. You don't remember and don't have any
17 documentation about anyone coming to talk to you
18 about how to handle his post-sentencing care, is that
19 correct?

20 A. Correct.

21 Q. And I take it that you would assume,
22 based on your relationship with clinicians and based
23 on what was communicated in this e-mail, that, if any
24 of those things happened or there were any concerns
25 about those things, they would come talk to you,

Abbey Cassidy, Psy.D.

Page 146

1 correct?

2 A. Correct.

3 Q. Let's leave the e-mail and go back to
4 the chart.

5 Do you have the medical chart that we
6 were looking at before in front of you, doctor?

7 A. Yes.

8 Q. By the way -- I have another question
9 about the e-mail.

10 I know we don't have it in front of us,
11 but your e-mail made the connection between
12 Mr. Freitag's risk factors and his sentencing coming
13 up at the end of August, correct?

14 A. Correct.

15 Q. Can I assume that you would have
16 expected that your clinicians working under your
17 supervision would have been attuned to that fact,
18 that Mr. Freitag's risk factors were connected to
19 sentencing as sentencing approached?

20 A. Correct.

21 Q. I'm going to page 120.

22 This is a note from August 8th prepared
23 by Jessica Mahoney.

24 Take a moment to read that note to
25 yourself, doctor, and let me know when you are

Abbey Cassidy, Psy.D.

Page 147

1 finished.

2 A. Okay.

3 Q. Would you agree that Ms. Mahoney, based
4 on the text I'm highlighting here, noted that
5 Mr. Freitag's anxiety seemed to be increased as his
6 court date approached?

7 A. Correct.

8 Q. Ms. Mahoney made an indication or
9 indicated that he was a low risk for self-harm.

10 Do you see that assessment?

11 A. I do, yes.

12 Q. Do you have any idea what led her to
13 make that assessment?

14 MS. MINEHAN: Objection to the extent
15 you're asking her to get in the mind of Ms. Mahoney.

16 MR. FEINBERG: My question is whether
17 you ever communicated with her about it or drew any
18 conclusions based on what she knew or your
19 discussions or anything like that.

20 THE WITNESS: I mean, I would just go
21 -- based off of reading her note, he's presenting
22 appropriately.

23 That is one where she definitely would
24 have come to me if she thought he needed to be on a
25 higher level.

Abbey Cassidy, Psy.D.

Page 148

1 BY MR. FEINBERG:

2 Q. At that point he was on level 3, right?

3 A. Correct.

4 Q. Let's go to another note, we're moving
5 ahead in time, to August 17th. It's a note entered
6 by Christina Penge on August 17th.

7 Let's do what we did before.

8 Read the portion at the bottom of this
9 page, let me know when you are finished, and I will
10 scroll up.

11 A. Okay.

12 Q. We see here that Ms. Penge has made the
13 decision to remove Mr. Freitag from level 3?

14 A. I see that.

15 Q. Can I assume, based on what we discussed
16 before, Ms. Penge did not come speak to you about
17 that?

18 MS. MINEHAN: Objection to form.

19 Go ahead.

20 THE WITNESS: Correct.

21 I don't recall her speaking with me
22 about that.

23 BY MR. FEINBERG:

24 Q. Can we assume, based on what we
25 discussed about your e-mail, that that was contrary

Abbey Cassidy, Psy.D.

Page 149

1 to your expectations of the clinical staff working
2 under your supervision?

3 A. Yes.

4 Q. Just to put a final point on it, you
5 sent an e-mail, you expected people to come talk to
6 you if he was going to -- strike that.

7 You expected people to be -- let me try
8 it one more time.

9 You expected Mr. Freitag to be on level
10 3 status through the date of his sentencing, is that
11 correct?

12 A. Yes.

13 Q. And you expected that, if there were
14 going to be any changes to that, someone would come
15 talk to you about it, is that right?

16 A. Correct.

17 Q. Ms. Penge did not do that as far as you
18 recall, is that correct?

19 A. I don't recall.

20 Q. And you don't have any e-mail
21 communication or other documentation suggesting that
22 you did speak with her, is that correct?

23 A. Correct.

24 Q. So that would have been contrary to your
25 expectations, correct?

Abbey Cassidy, Psy.D.

Page 150

1 A. Correct.

2 Q. Ms. Penge, once again, made the
3 determination that she believed Mr. Freitag had
4 limited insight and judgment.

5 Do you see that again?

6 A. Yes.

7 Q. I believe -- without going through all
8 the records, I believe this is the third time she
9 made that finding.

10 Is that something you would have liked
11 to have known about from Ms. Penge's assessment at
12 that time?

13 A. If she had concerns, yes.

14 Q. Well, given that she removed him from
15 level 3 while also finding him to have limited
16 insight and judgment, is that something you would
17 have liked to have had the opportunity to discuss
18 with her?

19 MS. MINEHAN: Objection to form, but
20 you can answer.

21 THE WITNESS: I would have liked her to
22 come to me about him being removed from level 3.

23 The limited insight and judgment, I
24 would like to be able to review everything else, not
25 take that as a factor in itself, but the removal from

Abbey Cassidy, Psy.D.

Page 152

1 made?

2 A. Yes.

3 Q. And, if she was making an assessment
4 that he didn't understand the consequences of the
5 sentencing, is that something you would have liked to
6 have discussed with him?

7 A. Yes, to at least get more information.

8 Q. Okay.

9 Because, it sounds like, if sentencing
10 is a risk factor or if a bad result at sentencing is
11 a risk factor and Mr. Freitag was not appreciating
12 the possibility of that bad result, that is something
13 that would have had an impact on his suicide risk, is
14 that correct?

15 A. Potentially, yes.

16 Q. And something that you would have wanted
17 to discuss with Ms. Penge, is that correct?

18 A. Correct, yes.

19 Q. Let's just do one last note on the chart
20 here and then we'll take a break.

21 This is actually the last encounter
22 that any mental health clinician had with Mr.
23 Freitag, on August 23rd, on page 116.

24 Read that note to yourself, please, and
25 let me know when you are finished.

Abbey Cassidy, Psy.D.

Page 155

1 wouldn't concern me so much.

2 Being nervous about sentencing is true
3 for most of our population.

4 The limited insight and judgment I
5 would want to examine further.

6 If I'm just taking the note, in and of
7 itself, and not everything else involved, it would
8 be, yes, I would have wanted her to come talk to me.

9 BY MR. FEINBERG:

10 Q. Okay, and that is a fair point.

11 My question was isolated just to your
12 reaction from this point.

13 It sounds like, from your previous
14 testimony, based on the whole constellation of issues
15 discussed with Mr. Freitag over a two and-a-half to
16 three-year period, that would have been your reaction
17 at this point, right, you will have wanted him seen
18 when he came back from court, is that correct?

19 A. That would be correct.

20 MR. FEINBERG: Why don't we -- let's go
21 off the record.

22 (OFF-THE-RECORD DISCUSSION)

23 (BRIEF RECESS)

24 BY MR. FEINBERG:

25 Q. So, Doctor Cassidy, we took a break for

Abbey Cassidy, Psy.D.

Page 158

1 And then that message was forwarded
2 along to Carl Metellus, who I understand at that
3 point was the supervising social worker or counselor?

4 A. Yeah, I believe he was one of the
5 supervisors of the case managers at the time.

6 Q. Okay, thank you.

7 And then Mr. Metellus said, I max'd
8 him, which talked about his classification, added a
9 level 3 alert, and then asked to have the module
10 officers notified.

11 Do you follow along with everything I
12 outlined?

13 A. Yes.

14 Q. So, basically, in summary, the
15 correctional staff finds out Mr. Freitag got the six
16 to 12-year sentence, they put him on a level 3
17 status, and they asked that to be communicated to the
18 officers.

19 Is that consistent with your
20 understanding of what happened on his return?

21 A. Yes.

22 Q. At that point, 3:52 p.m., there were no
23 mental health staff available in the prison, is that
24 correct?

25 A. They would have been here and they would

Abbey Cassidy, Psy.D.

Page 159

1 have been preparing to leave.

2 Q. So everyone would have been out of there
3 by 4, is that correct?

4 A. Yes.

5 Q. Obviously, since you haven't seen this
6 e-mail before, I assume you weren't copied on this
7 e-mail or it wasn't forwarded to you from some other
8 source.

9 A. Correct.

10 Q. Can I assume then that neither you nor
11 any other mental health clinician would have been
12 alerted to the correctional officer and supervisor --
13 I'm sorry, let me withdraw that.

14 Can I assume, based on what you just
15 said, that neither you nor any mental health
16 clinician was alerted to the decision made by
17 correctional staff to place Mr. Freitag on level 3
18 status?

19 A. Correct.

20 Q. Is that consistent with the policy and
21 the practice at that time, that there was no, to your
22 knowledge, PrimeCare or Bucks County practice
23 requiring communication between correctional
24 officials and mental health officials in these
25 circumstances?

Abbey Cassidy, Psy.D.

Page 160

1 MS. MINEHAN: Objection to the form,
2 but you can answer.

3 THE WITNESS: To my knowledge, yes.

4 BY MR. FEINBERG:

5 Q. If you had learned -- I'll completely
6 acknowledge this is hypothetical.

7 Given everything you knew about
8 Mr. Freitag leading up to his sentencing on August
9 24th of 2018, if you had learned Mr. Freitag received
10 a sentence of six to 12 years, what would you have
11 done?

12 MS. MINEHAN: Same objection.

13 MR. FEINBERG: You can answer.

14 THE WITNESS: I can't say I'm hundred
15 percent sure what I would have done, but, given the
16 information, I most likely would have suggested a
17 level 2 or requested a level 2 if we were not there
18 to see him.

19 If I still had someone else in the
20 building, I would send them up to see him.

21 BY MR. FEINBERG:

22 Q. So it sounds like there are two things.
23 One is that you would have liked to
24 have assessed him, is that correct?

25 A. If we were there, yes.

Abbey Cassidy, Psy.D.

Page 162

1 about whether my understanding is correct.

2 Doctor, with that clarification, is my
3 understanding of your testimony correct?

4 THE WITNESS: Can you read that?

5 There was a loudspeaker going off.

6 MR. FEINBERG: Not to mention arguing
7 between counsel.

8 Lori, would you mind reading the
9 question back?

10 I'll save the time.

11 Doctor Cassidy, am I understanding
12 correctly that, based on the universe of information
13 you had and the fact that his sentencing was
14 connected to risk factors for suicide, that's why you
15 would have wanted to assess him at that time?

16 A. That would be correct, yes.

17 Q. If you had the information that is
18 communicated in this e-mail chain that we were
19 reviewing, correct?

20 A. Correct.

21 Q. Barring your assessment, your default
22 position would have been level 2, is that correct?

23 A. Correct.

24 Q. And level 2 involves stripping the cell,
25 15-minute checks, and so on, is that correct?

Abbey Cassidy, Psy.D.

Page 168

1 would present anything about the medical aspects of
2 the chart, and then, your boss, Doctor Scordellis,
3 presented about the mental aspects of the case, is
4 that correct?

5 A. That is correct.

6 Q. Now, we know, as a result of the
7 mortality review, that there was a decision made to
8 ensure that state commitments and high-profile cases
9 are placed on a level 2, is that correct?

10 A. Yes.

11 Q. In fact, rather than have you guess,
12 I'll show you the document that I have from this
13 meeting.

14 It's been previously marked as Exhibit
15 P-16.

16 Do you see that in front of you now?

17 A. Yes.

18 Q. When you scroll down to the third page,
19 that's what I was reading from when I asked you the
20 question just a moment ago, that phrase there, state
21 commitments and high-profile cases are placed on a
22 level 2?

23 A. Yes.

24 Q. Okay.

25 My question for you, Doctor Cassidy, is

Abbey Cassidy, Psy.D.

Page 171

1 Freitag was on a level 2, he wouldn't have been able
2 to kill himself?

3 A. Not that I recall.

4 Q. You learned, I assume, that the
5 instrument that he used to kill himself was a hard
6 plastic cup that had been broken off into a shard.

7 Did you learn that at some point?

8 A. Yes.

9 I learned that the day I was actually
10 down on the unit prior to him being taken out of the
11 facility.

12 Q. Did you see the shard in the cup in the
13 cell?

14 A. I didn't see the shard in the cup, I
15 believe I saw a picture of it at some point.

16 Q. I will spare you those pictures from the
17 cell, but I'm showing you now a photo which is marked
18 P-25.

19 I will represent to you that these
20 photos were from the district attorney's office
21 investigative file and these were taken of
22 Mr. Freitag's cell.

23 You can see there is two cups and maybe
24 a third there in and around the sink.

25 Do you see that?

Abbey Cassidy, Psy.D.

Page 172

1 A. Yes.

2 Q. And is it your understanding that the
3 shard was broken off from a cup that looks like this?

4 A. That was my understanding, yes.

5 Q. Do you know whether those cups would be
6 -- actually, strike that.

7 I realize that, when level 2 status is
8 implemented, that requires a stripping of the cell.

9 Is that correct?

10 A. That is correct.

11 Q. A stripping of the cell, in lay terms,
12 that means that items which could be deemed dangerous
13 are taken from the cell, is that correct?

14 A. That is correct, yes.

15 Q. Am I correct in assuming that it is the
16 correctional staff that does the stripping of the
17 cell?

18 A. Yes.

19 Q. With that caveat, I understand your
20 knowledge base here, but do you have any idea whether
21 these cups are taken from a cell when it's stripped?

22 MS. MINEHAN: Don't speculate.

23 THE WITNESS: Can you repeat that?

24 You froze up for a second.

25 MR. FEINBERG: Oh, sure, I'm sorry.

Abbey Cassidy, Psy.D.

Page 173

1 Do you have any idea whether these
2 cups, which we're looking at in Exhibit P-25, would
3 be taken from a cell under county policy when
4 correctional officers strip the cell?

5 MS. MINEHAN: Don't guess.

6 THE WITNESS: Per county policy, they
7 should not have any hard plastic cups in their cell.

8 BY MR. FEINBERG:

9 Q. Okay.

10 And that was your understanding backing
11 in August of 2018 as well?

12 A. Correct.

13 Q. Again, I'm not holding you to this, but,
14 as far as you know, if Mr. Freitag was placed on
15 level 2 status in August of 2018, those cups would
16 have been removed from his cell under county policy,
17 is that correct?

18 A. Yes.

19 Q. You were aware that Mr. Freitag was
20 placed, as we discussed, on level 3 status on
21 August 25th, 2018, is that correct?

22 A. Correct.

23 Q. Were you aware that, under that
24 practice, that officers were supposed to check
25 Mr. Freitag every 30 minutes?